



Reprinted
April 6, 2007

ENGROSSED HOUSE BILL No. 1241

DIGEST OF HB 1241 (Updated April 5, 2007 4:50 pm - DI 104)

Citations Affected: IC 16-27; IC 16-42; IC 25-22.5; IC 25-27.5; noncode.

Synopsis: Physician assistants. Authorizes a physician to delegate to a physician assistant duties that are within the supervising physician's scope of practice, including prescribing and dispensing certain drugs and medical devices. Requires that a supervising physician must be either: (1) physically present at the location where services are performed by the physician assistant; or (2) immediately available for consultation and in the county or a contiguous county of the location where the services are being rendered or at a hospital or health facility. Requires the supervisory agreement between the physician and the physician assistant to include certain information and be approved by the medical licensing board. Establishes requirements for a physician assistant to prescribe certain drugs. Requires the patient to be seen by the physician in certain circumstances. Changes references from certification to licensure of physician assistants. Makes certain other changes concerning the physician assistant committee and licensure of physician assistants.

Effective: Upon passage; July 1, 2007.

Welch, Brown T, Brown C, Reske

(SENATE SPONSORS — MILLER, SIMPSON, BECKER)

January 11, 2007, read first time and referred to Committee on Public Health.
February 13, 2007, amended, reported — Do Pass.
February 19, 2007, read second time, ordered engrossed. Engrossed.
February 20, 2007, read third time, passed. Yeas 95, nays 1.

SENATE ACTION

February 27, 2007, read first time and referred to Committee on Health and Provider Services.

March 29, 2007, amended, reported favorably — Do Pass.

April 5, 2007, read second time, amended, ordered engrossed.

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EH 1241—LS 6753/DI 77+



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April 6, 2007

First Regular Session 115th General Assembly (2007)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2006 Regular Session of the General Assembly.

ENGROSSED HOUSE BILL No. 1241

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 16-27-2-1 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 1. As used in this
3 chapter, "health care professional" means any of the following:

- 4 (1) A licensed physician or a ~~physician's~~ **physician** assistant (as
- 5 defined in IC 25-22.5-1-1.1).
- 6 (2) A dentist licensed under IC 25-14.
- 7 (3) A chiropractor licensed under IC 25-10-1.
- 8 (4) A podiatrist licensed under IC 25-29.
- 9 (5) An optometrist licensed under IC 25-24.
- 10 (6) A nurse licensed under IC 25-23-1.
- 11 (7) A physical therapist licensed under IC 25-27 or a physical
- 12 therapy assistant certified under IC 25-27.
- 13 (8) A speech language pathologist or an audiologist licensed
- 14 under IC 25-35.6-3.
- 15 (9) A speech language pathology aide or an audiology aide (as
- 16 defined in IC 25-35.6-1-2).
- 17 (10) An:

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- 1 (A) occupational therapist; or
 2 (B) occupational therapist assistant;
 3 certified under IC 25-23.5.
 4 (11) A social worker licensed under IC 25-23.6 or a clinical social
 5 worker licensed under IC 25-23.6.
 6 (12) A pharmacist licensed under IC 25-26-13.
 7 SECTION 2. IC 16-42-19-5, AS AMENDED BY P.L.157-2006,
 8 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 9 JULY 1, 2007]: Sec. 5. As used in this chapter, "practitioner" means
 10 any of the following:
 11 (1) A licensed physician.
 12 (2) A veterinarian licensed to practice veterinary medicine in
 13 Indiana.
 14 (3) A dentist licensed to practice dentistry in Indiana.
 15 (4) A podiatrist licensed to practice podiatric medicine in Indiana.
 16 (5) An optometrist who is:
 17 (A) licensed to practice optometry in Indiana; and
 18 (B) certified under IC 25-24-3.
 19 (6) An advanced practice nurse who meets the requirements of
 20 IC 25-23-1-19.5.
 21 **(7) A physician assistant licensed under IC 25-27.5 who is**
 22 **delegated prescriptive authority under IC 25-27.5-5-6.**
 23 SECTION 3. IC 25-22.5-1-1.1, AS AMENDED BY P.L.1-2006,
 24 SECTION 444, IS AMENDED TO READ AS FOLLOWS
 25 [EFFECTIVE JULY 1, 2007]: Sec. 1.1. As used in this article:
 26 (a) "Practice of medicine or osteopathic medicine" means any one
 27 (1) or a combination of the following:
 28 (1) Holding oneself out to the public as being engaged in:
 29 (A) the diagnosis, treatment, correction, or prevention of any
 30 disease, ailment, defect, injury, infirmity, deformity, pain, or
 31 other condition of human beings;
 32 (B) the suggestion, recommendation, or prescription or
 33 administration of any form of treatment, without limitation;
 34 (C) the performing of any kind of surgical operation upon a
 35 human being, including tattooing, except for tattooing (as
 36 defined in IC 35-42-2-7), in which human tissue is cut, burned,
 37 or vaporized by the use of any mechanical means, laser, or
 38 ionizing radiation, or the penetration of the skin or body orifice
 39 by any means, for the intended palliation, relief, or cure; or
 40 (D) the prevention of any physical, mental, or functional
 41 ailment or defect of any person.
 42 (2) The maintenance of an office or a place of business for the

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reception, examination, or treatment of persons suffering from disease, ailment, defect, injury, infirmity, deformity, pain, or other conditions of body or mind.

(3) Attaching the designation "doctor of medicine", "M.D.", "doctor of osteopathy", "D.O.", "osteopathic medical physician", "physician", "surgeon", or "physician and surgeon", either alone or in connection with other words, or any other words or abbreviations to a name, indicating or inducing others to believe that the person is engaged in the practice of medicine or osteopathic medicine (as defined in this section).

(4) Providing diagnostic or treatment services to a person in Indiana when the diagnostic or treatment services:

(A) are transmitted through electronic communications; and

(B) are on a regular, routine, and nonepisodic basis or under an oral or written agreement to regularly provide medical services.

In addition to the exceptions described in section 2 of this chapter, a nonresident physician who is located outside Indiana does not practice medicine or osteopathy in Indiana by providing a second opinion to a licensee or diagnostic or treatment services to a patient in Indiana following medical care originally provided to the patient while outside Indiana.

(b) "Board" refers to the medical licensing board of Indiana.

(c) "Diagnose or diagnosis" means to examine a patient, parts of a patient's body, substances taken or removed from a patient's body, or materials produced by a patient's body to determine the source or nature of a disease or other physical or mental condition, or to hold oneself out or represent that a person is a physician and is so examining a patient. It is not necessary that the examination be made in the presence of the patient; it may be made on information supplied either directly or indirectly by the patient.

(d) "Drug or medicine" means any medicine, compound, or chemical or biological preparation intended for internal or external use of humans, and all substances intended to be used for the diagnosis, cure, mitigation, or prevention of diseases or abnormalities of humans, which are recognized in the latest editions published of the United States Pharmacopoeia or National Formulary, or otherwise established as a drug or medicine.

(e) "Licensee" means any individual holding a valid unlimited license issued by the board under this article.

(f) "Prescribe or prescription" means to direct, order, or designate the use of or manner of using a drug, medicine, or treatment, by spoken

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or written words or other means.

(g) "Physician" means any person who holds the degree of doctor of medicine or doctor of osteopathy or its equivalent and who holds a valid unlimited license to practice medicine or osteopathic medicine in Indiana.

(h) "Medical school" means a nationally accredited college of medicine or of osteopathic medicine approved by the board.

(i) ~~"Physician's"~~ **"Physician"** assistant" means an individual who:

(1) ~~is an employee of supervised by~~ a physician;

(2) ~~is a graduate of a physician's graduated from a physician~~ assistant training program approved by the board; **program accredited by an accrediting agency (as defined in IC 25-27.5-2-4.5);**

(3) ~~has successfully completed the national examination administered by the national commission on the certification of physician's assistants;~~

(3) passed the examination administered by the National Commission on Certification of Physician Assistants (NCCPA) and maintains certification; and

(4) ~~has registered with the board; been licensed by the physician assistant committee under IC 25-27.5.~~

(j) "Agency" refers to the Indiana professional licensing agency under IC 25-1-5.

SECTION 4. IC 25-22.5-1-2, AS AMENDED BY P.L.141-2006, SECTION 106, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 2. (a) This article, as it relates to the unlawful or unauthorized practice of medicine or osteopathic medicine, does not apply to any of the following:

(1) A student in training in a medical school approved by the board, or while performing duties as an intern or a resident in a hospital under the supervision of the hospital's staff or in a program approved by the medical school.

(2) A person who renders service in case of emergency where no fee or other consideration is contemplated, charged, or received.

(3) A paramedic (as defined in IC 16-18-2-266), an emergency medical technician-basic advanced (as defined in IC 16-18-2-112.5), an emergency medical technician-intermediate (as defined in IC 16-18-2-112.7), an emergency medical technician (as defined in IC 16-18-2-112), or a person with equivalent certification from another state who renders advanced life support (as defined in IC 16-18-2-7) or basic life support (as defined in IC 16-18-2-33.5):

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(A) during a disaster emergency declared by the governor under IC 10-14-3-12 in response to an act that the governor in good faith believes to be an act of terrorism (as defined in IC 35-41-1-26.5); and

(B) in accordance with the rules adopted by the Indiana emergency medical services commission or the disaster emergency declaration of the governor.

(4) Commissioned medical officers or medical service officers of the armed forces of the United States, the United States Public Health Service, and medical officers of the United States Department of Veterans Affairs in the discharge of their official duties in Indiana.

(5) An individual who is not a licensee who resides in another state or country and is authorized to practice medicine or osteopathic medicine there, who is called in for consultation by an individual licensed to practice medicine or osteopathic medicine in Indiana.

(6) A person administering a domestic or family remedy to a member of the person's family.

(7) A member of a church practicing the religious tenets of the church if the member does not make a medical diagnosis, prescribe or administer drugs or medicines, perform surgical or physical operations, or assume the title of or profess to be a physician.

(8) A school corporation and a school employee who acts under IC 34-30-14 (or IC 34-4-16.5-3.5 before its repeal).

(9) A chiropractor practicing the chiropractor's profession under IC 25-10 or to an employee of a chiropractor acting under the direction and supervision of the chiropractor under IC 25-10-1-13.

(10) A dental hygienist practicing the dental hygienist's profession under IC 25-13.

(11) A dentist practicing the dentist's profession under IC 25-14.

(12) A hearing aid dealer practicing the hearing aid dealer's profession under IC 25-20.

(13) A nurse practicing the nurse's profession under IC 25-23. However, a registered nurse may administer anesthesia if the registered nurse acts under the direction of and in the immediate presence of a physician and holds a certificate of completion of a course in anesthesia approved by the American Association of Nurse Anesthetists or a course approved by the board.

(14) An optometrist practicing the optometrist's profession under IC 25-24.

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- 1 (15) A pharmacist practicing the pharmacist's profession under
- 2 IC 25-26.
- 3 (16) A physical therapist practicing the physical therapist's
- 4 profession under IC 25-27.
- 5 (17) A podiatrist practicing the podiatrist's profession under
- 6 IC 25-29.
- 7 (18) A psychologist practicing the psychologist's profession under
- 8 IC 25-33.
- 9 (19) A speech-language pathologist or audiologist practicing the
- 10 pathologist's or audiologist's profession under IC 25-35.6.
- 11 (20) An employee of a physician or group of physicians who
- 12 performs an act, a duty, or a function that is customarily within
- 13 the specific area of practice of the employing physician or group
- 14 of physicians, if the act, duty, or function is performed under the
- 15 direction and supervision of the employing physician or a
- 16 physician of the employing group within whose area of practice
- 17 the act, duty, or function falls. An employee may not make a
- 18 diagnosis or prescribe a treatment and must report the results of
- 19 an examination of a patient conducted by the employee to the
- 20 employing physician or the physician of the employing group
- 21 under whose supervision the employee is working. An employee
- 22 may not administer medication without the specific order of the
- 23 employing physician or a physician of the employing group.
- 24 Unless an employee is licensed or registered to independently
- 25 practice in a profession described in subdivisions (9) through
- 26 (18), nothing in this subsection grants the employee independent
- 27 practitioner status or the authority to perform patient services in
- 28 an independent practice in a profession.
- 29 (21) A hospital licensed under IC 16-21 or IC 12-25.
- 30 (22) A health care organization whose members, shareholders, or
- 31 partners are individuals, partnerships, corporations, facilities, or
- 32 institutions licensed or legally authorized by this state to provide
- 33 health care or professional services as:
- 34 (A) a physician;
- 35 (B) a psychiatric hospital;
- 36 (C) a hospital;
- 37 (D) a health maintenance organization or limited service
- 38 health maintenance organization;
- 39 (E) a health facility;
- 40 (F) a dentist;
- 41 (G) a registered or licensed practical nurse;
- 42 (H) a midwife;

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- (I) an optometrist;
- (J) a podiatrist;
- (K) a chiropractor;
- (L) a physical therapist; or
- (M) a psychologist.

(23) A physician assistant practicing the physician ~~assistant's~~ **assistant** profession under IC 25-27.5.

(24) A physician providing medical treatment under IC 25-22.5-1-2.1.

(25) An attendant who provides attendant care services (as defined in IC 16-18-2-28.5).

(26) A personal services attendant providing authorized attendant care services under IC 12-10-17.1.

(b) A person described in subsection (a)(9) through (a)(18) is not excluded from the application of this article if:

- (1) the person performs an act that an Indiana statute does not authorize the person to perform; and
- (2) the act qualifies in whole or in part as the practice of medicine or osteopathic medicine.

(c) An employment or other contractual relationship between an entity described in subsection (a)(21) through (a)(22) and a licensed physician does not constitute the unlawful practice of medicine under this article if the entity does not direct or control independent medical acts, decisions, or judgment of the licensed physician. However, if the direction or control is done by the entity under IC 34-30-15 (or IC 34-4-12.6 before its repeal), the entity is excluded from the application of this article as it relates to the unlawful practice of medicine or osteopathic medicine.

(d) This subsection does not apply to a prescription or drug order for a legend drug that is filled or refilled in a pharmacy owned or operated by a hospital licensed under IC 16-21. A physician licensed in Indiana who permits or authorizes a person to fill or refill a prescription or drug order for a legend drug except as authorized in IC 16-42-19-11 through IC 16-42-19-19 is subject to disciplinary action under IC 25-1-9. A person who violates this subsection commits the unlawful practice of medicine under this chapter.

(e) A person described in subsection (a)(8) shall not be authorized to dispense contraceptives or birth control devices.

SECTION 5. IC 25-22.5-8-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 2. (a) A person who violates this article by unlawfully practicing medicine or osteopathic medicine commits a Class C felony.

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(b) A person who practices midwifery without the license required under this article commits a Class D felony.

(c) A person who acts as a ~~physician's~~ **physician** assistant without registering with the board as ~~license~~ required under this article **IC 25-27.5** commits a Class D felony.

SECTION 6. IC 25-27.5-1-2 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 2. This article grants a supervising physician or physician designee the authority to delegate, as the physician determines is appropriate, those tasks or services the physician typically performs and is qualified to perform.**

SECTION 7. IC 25-27.5-1-3 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 3. This article does not grant authority to a physician assistant to function independently of a physician's supervision.**

SECTION 8. IC 25-27.5-2-1.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 1.5. "Administer a drug" means the direct application of a drug, whether by injection, inhalation, ingestion, or any other means, to the body of a patient.**

SECTION 9. IC 25-27.5-2-7.3 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 7.3. "Dispense" means issuing medical devices or one (1) or more doses of a drug in a suitable container with appropriate labeling for subsequent administration to or use by a patient.**

SECTION 10. IC 25-27.5-2-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 10. "Physician assistant" means an individual who has:**

- (1) graduated from a physician assistant or surgeon assistant program accredited by an accrediting agency;
- (2) passed the certifying examination administered by the NCCPA and maintains certification by the NCCPA; and
- (3) been ~~certified~~ **licensed** by the committee.

SECTION 11. IC 25-27.5-2-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 11. "Physician designee" means a physician who works or is trained in the same practice area as the practice area of the supervising physician, to whom responsibility for the supervision of a physician assistant is temporarily designated when the supervising physician is unavailable.**

SECTION 12. IC 25-27.5-2-14 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 14. (a) "Supervision"**

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means that the supervising physician or the physician designee accepting responsibility for the physician assistant ~~must be~~ **meets** either **of the following conditions at all times that services are rendered or tasks are performed by the physician assistant:**

(1) The supervising physician or the physician designee is physically present ~~or~~ at the location at which services are rendered or tasks are performed by the physician assistant.

(2) The supervising physician or the physician designee:

(A) is immediately available for consultation; ~~at all times that services are rendered or tasks are performed by the physician assistant; and~~

(B) is either:

(i) in the county of, or a contiguous county to, the onsite location in which services are rendered or tasks are performed by the physician assistant; or

(ii) the physician or physician assistant is practicing at a hospital or health facility, or traveling to or from the hospital or health facility.

(b) The term includes the use of protocols, guidelines, and standing orders developed or approved by the supervising physician.

SECTION 13. IC 25-27.5-3-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 2. (a) The committee consists of five (5) members appointed by the governor for terms of three (3) years.

(b) The committee must include the following:

(1) Three (3) physician assistants who:

(A) are residents of Indiana;

(B) have at least three (3) years experience as physician assistants; and

(C) are ~~certified~~ **licensed** under this article.

(2) A physician licensed under IC 25-22.5 who is familiar with the practice of physician assistants.

(3) An individual who:

(A) is a resident of Indiana; and

(B) is not associated with physician assistants in any way other than as a consumer.

SECTION 14. IC 25-27.5-3-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 5. **(a) The committee shall have regular meetings, called upon the request of the president or by a majority of the members appointed to the committee, and upon the advice and consent of the executive director of the Indiana professional licensing agency, for the**

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1 transaction of business that comes before the committee under this
 2 article. At the first committee meeting of each calendar year, the
 3 committee shall elect a president and any other officer considered
 4 necessary by the committee by an affirmative vote of a majority of
 5 the members appointed to the committee.

6 (b) Three (3) members of the committee constitute a quorum.
 7 An affirmative vote of a majority of the members appointed to the
 8 committee is required for the committee to take action on any
 9 business.

10 (c) The committee shall do the following:

11 (1) Consider the qualifications of individuals who apply for
 12 ~~certificates~~ **an initial license** under this article.

13 (2) Provide for examinations required under this article.

14 **(3) Approve or reject license applications.**

15 **(4) Approve or reject renewal applications.**

16 **(5) Approve or reject applications for a change or addition of**
 17 **a supervising physician.**

18 ~~(3) Certify qualified individuals.~~

19 ~~(4) (6)~~ Propose rules to the board concerning the competent
 20 practice of physician assistants and the administration of this
 21 article.

22 ~~(5) (7)~~ Recommend to the board the amounts of fees required
 23 under this article.

24 SECTION 15. IC 25-27.5-3-6 IS AMENDED TO READ AS
 25 FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 6. (a) After considering
 26 the committee's proposed rules, the board shall adopt rules under
 27 IC 4-22-2 establishing standards for the following:

28 (1) The competent practice of physician assistants.

29 (2) The renewal of ~~certificates~~ **licenses** issued under this article.

30 (3) Standards for the administration of this article.

31 (b) After considering the committee's recommendations for fees, the
 32 board shall establish fees under IC 25-1-8-2.

33 SECTION 16. IC 25-27.5-4-1 IS AMENDED TO READ AS
 34 FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 1. An individual must
 35 be ~~certified~~ **licensed** by the committee before the individual may
 36 practice as a physician assistant. The committee may grant a ~~certificate~~
 37 **license** as a physician assistant to an applicant who does the following:

38 (1) Submits an application on forms approved by the committee.

39 (2) Pays the fee established by the board.

40 (3) Has:

41 (A) successfully completed an educational program for
 42 physician assistants or surgeon assistants accredited by an

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- 1 accrediting agency; and
- 2 (B) passed the Physician Assistant National Certifying
- 3 Examination administered by the NCCPA and maintains
- 4 current NCCPA certification.
- 5 (4) Submits to the committee any other information the committee
- 6 considers necessary to evaluate the applicant's qualifications.
- 7 (5) Presents satisfactory evidence to the committee that the
- 8 individual has not been:
- 9 (A) engaged in an act that would constitute grounds for a
- 10 disciplinary sanction under IC 25-1-9; or
- 11 (B) the subject of a disciplinary action by a licensing or
- 12 certification agency of another state or jurisdiction on the
- 13 grounds that the individual was not able to practice as a
- 14 physician assistant without endangering the public.
- 15 SECTION 17. IC 25-27.5-4-2 IS AMENDED TO READ AS
- 16 FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 2. The committee may
- 17 refuse to issue a ~~certificate~~ **license** or may issue a probationary
- 18 ~~certificate~~ **license** to an individual if:
- 19 (1) the individual has been disciplined by an administrative
- 20 agency in another jurisdiction or been convicted for a crime that
- 21 has a direct bearing on the individual's ability to practice
- 22 competently; and
- 23 (2) the committee determines that the act for which the individual
- 24 was disciplined or convicted has a direct bearing on the
- 25 individual's ability to practice as a physician assistant.
- 26 SECTION 18. IC 25-27.5-4-3, AS AMENDED BY P.L.32-2000,
- 27 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 28 JULY 1, 2007]: Sec. 3. (a) If the committee issues a probationary
- 29 ~~certificate~~ **license** under section 2 of this chapter, the committee may
- 30 require the individual who holds the ~~certificate~~ **license** to meet at least
- 31 one (1) of the following conditions:
- 32 (1) Report regularly to the committee upon a matter that is the
- 33 basis for the probation.
- 34 (2) Limit practice to areas prescribed by the committee.
- 35 (3) Continue or renew professional education.
- 36 (4) Engage in community restitution or service without
- 37 compensation for a number of hours specified by the committee.
- 38 **(5) Submit to care, counseling, or treatment by a physician**
- 39 **designated by the committee for a matter that is the basis for**
- 40 **the probation.**
- 41 (b) The committee shall remove a limitation placed on a
- 42 probationary ~~certificate~~ **license** if after a hearing the committee finds

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that the deficiency that caused the limitation has been remedied.

SECTION 19. IC 25-27.5-4-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 4. (a) The committee may grant a temporary ~~certification~~ **license** to an applicant who:

(1) meets the qualifications for ~~certification licensure~~ under section 1 of this chapter except:

(A) for the taking of the **next scheduled** NCCPA examination;

or

(B) if the applicant has taken the NCCPA examination and is awaiting the results; or

(2) meets the qualifications for ~~certification licensure~~ under section 1 of this chapter but is awaiting the next scheduled meeting of the committee.

(b) A temporary ~~certification~~ **license** is valid until: ~~the earliest of the following:~~

(1) the results of an applicant's examination are available; **and**

(2) the committee makes a final decision on the applicant's request for a ~~certification~~ **license**.

(c) **The Indiana professional licensing agency shall immediately revoke a temporary license granted under this section upon notice to the Indiana professional licensing agency that the temporary license holder has failed the NCCPA examination. The committee or the committee's designee may extend the term of a temporary license if the committee or the committee's designee determines that there is good cause for the extension.**

~~(c)(d)~~ (d) A physician assistant practicing under a temporary ~~certificate~~ **license** must practice with onsite physician supervision. ~~and, notwithstanding IC 25-27.5-5-4, may not dispense drugs or medical devices.~~

~~(d)~~ (e) A physician assistant who notifies the ~~board~~ **committee** in writing may elect to place the physician assistant's ~~certification~~ **license** on an inactive status. **The renewal fee for an inactive license is one-half (1/2) of the renewal fee to maintain an active license. If a physician assistant with an inactive license determines to activate the license, the physician assistant shall pay the renewal fee less any the amount paid for the inactive license.**

(f) An individual who holds a license under this article and who practices as a physician assistant while:

(1) the individual's license has lapsed; or

(2) the individual is on inactive status under this section;

is considered to be practicing without a license and is subject to discipline under IC 25-1-9.

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SECTION 20. IC 25-27.5-4-5, AS AMENDED BY P.L.1-2006, SECTION 468, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 5. (a) A ~~certificate~~ **license** issued by the committee expires on a date established by the Indiana professional licensing agency under IC 25-1-5-4 in the next even-numbered year following the year in which the certificate was issued.

(b) An individual may renew a ~~certificate~~ **license** by paying a renewal fee on or before the expiration date of the ~~certificate~~ **license**.

(c) If an individual fails to pay a renewal fee on or before the expiration date of a ~~certificate~~ **license**, the ~~certificate~~ **license** becomes invalid **and must be returned to the committee**.

SECTION 21. IC 25-27.5-4-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 7. (a) An individual who is ~~certified~~ **licensed** under this chapter shall notify the committee in writing when the individual retires from practice.

(b) Upon receipt of the notice, the committee shall:

(1) record the fact the individual is retired; and

(2) release the individual from further payment of renewal fees.

SECTION 22. IC 25-27.5-4-9 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 9. (a) An individual who:

(1) is licensed under this chapter; and

(2) does not practice as a physician assistant under a supervising physician;

shall notify the committee in writing that the individual does not have a supervising physician.

(b) If an individual who is licensed under this chapter does not practice as a physician assistant under a supervising physician, the board shall place the individual's license on inactive status.

(c) An individual may reinstate a license that is placed on inactive status under this section if the individual:

(1) submits a written application to the committee requesting that the license be placed on active status; and

(2) provides information as required by the committee concerning the physician who will be supervising the individual.

SECTION 23. IC 25-27.5-5-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 1. (a) This chapter does not apply to the practice of other health care professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

(b) This chapter does not allow the independent practice by a

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1 physician assistant, including any of the activities of other health
 2 care professionals set forth under IC 25-22.5-1-2(a)(1) through
 3 IC 25-22.5-1-2(a)(19).

4 (c) This chapter does not exempt a physician assistant from the
 5 requirements of IC 16-41-35-29.

6 SECTION 24. IC 25-27.5-5-2 IS AMENDED TO READ AS
 7 FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 2. (a) A physician
 8 assistant must engage in a dependent practice with physician
 9 supervision. A physician assistant may perform, **under the supervision**
 10 **of the supervising physician**, the duties and responsibilities that are
 11 delegated by the supervising physician **and that are within the**
 12 **supervising physician's scope of practice, including prescribing and**
 13 **dispensing drugs and medical devices.** A patient may elect to be
 14 seen, examined, and treated by the supervising physician.

15 (b) If a physician assistant determines that a patient needs to be
 16 examined by a physician, the physician assistant shall immediately
 17 notify the supervising physician or physician designee.

18 (c) If a physician assistant notifies the supervising physician that
 19 the physician should examine a patient, the supervising physician
 20 shall:

21 (1) schedule an examination of the patient in a timely manner
 22 unless the patient declines; or

23 (2) arrange for another physician to examine the patient.

24 (d) If a patient is subsequently examined by the supervising
 25 physician or another physician because of circumstances described
 26 in subsection (b) or (c), the visit must be considered as part of the
 27 same encounter except for in the instance of a medically
 28 appropriate referral.

29 (e) A supervising physician or physician assistant who does not
 30 comply with subsections (b) through (d) is subject to discipline by
 31 the medical licensing board under IC 25-1-9.

32 (f) A physician assistant's supervisory agreement with a
 33 supervising physician must:

34 (1) be in writing;

35 (2) include all the tasks delegated to the physician assistant by
 36 the supervising physician;

37 (3) set forth the supervisory plans for the physician assistant,
 38 including the emergency procedures that the physician
 39 assistant must follow; and

40 (4) specify the name of the drug or drug classification being
 41 delegated to the physician assistant and the protocol the
 42 physician assistant shall follow in prescribing a drug.

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(g) The physician shall submit the supervisory agreement to the board for approval. The physician assistant may not prescribe a drug under the supervisory agreement until the board approves the supervisory agreement. Any amendment to the supervisory agreement must be resubmitted to the board for approval, and the physician assistant may not operate under any new prescriptive authority under the amended supervisory agreement until the agreement has been approved by the board.

(h) A physician or a physician assistant who violates the supervisory agreement described in this section may be disciplined under IC 25-1-9.

SECTION 25. IC 25-27.5-5-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 4. (a) The board may adopt rules under IC 4-22-2 to determine the appropriate use of prescription drugs by a physician assistant:

(a) Except as provided in this section, a physician assistant may prescribe, dispense, and administer drugs and medical devices or services to the extent delegated by the supervising physician.

(b) A physician assistant may not prescribe, dispense, or administer ophthalmic devices, including glasses, contact lenses, and low vision devices.

(c) As permitted by the board, a physician assistant may use or dispense only drugs prescribed or approved by the supervising physician. A physician assistant may not prescribe or dispense the following drugs:

(1) A schedule I substance listed in IC 35-48-2-4.

(2) A schedule II substance listed in IC 35-48-2-6.

(3) A schedule III, schedule IV, or schedule V drug if the drug contains oxycodone.

However, a physician assistant may prescribe one (1) dose of a drug listed in subdivision (2) or (3) for immediate administration if the patient is in an inpatient hospital post-operative setting and the physician is unavailable to make the prescription.

(c) Notwithstanding subsection (b), a physician assistant may not dispense a scheduled substance listed under IC 35-48-2.

(d) A physician assistant may request, receive, and sign for professional samples and may distribute professional samples to patients if the samples are within the scope of the physician assistant's prescribing privileges delegated by the supervising physician.

(e) A physician assistant may not prescribe drugs unless the physician assistant has successfully completed at least thirty (30)

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1 contact hours in pharmacology from an educational program that
2 is approved by the committee.

3 (f) A physician assistant may not prescribe, administer, or
4 monitor general anesthesia, regional anesthesia, or deep sedation
5 as defined by the board. A physician assistant may not administer
6 moderate sedation:

7 (1) if the moderate sedation contains agents in which the
8 manufacturer's general warning advises that the drug should
9 be administered and monitored by an individual who is:

10 (A) experienced in the use of general anesthesia; and

11 (B) not involved in the conduct of the surgical or diagnostic
12 procedure; and

13 (2) during diagnostic tests, surgical procedures, or obstetric
14 procedures unless the following conditions are met:

15 (A) A physician is physically present in the area, is
16 immediately available to assist in the management of the
17 patient, and is qualified to rescue patients from deep
18 sedation.

19 (B) The physician assistant is qualified to rescue patients
20 from deep sedation and is competent to manage a
21 compromised airway and provide adequate oxygenation
22 and ventilation by reason of meeting the following
23 conditions:

24 (i) The physician assistant is certified in advanced
25 cardiopulmonary life support.

26 (ii) The physician assistant has knowledge of and
27 training in the medications used in moderate sedation,
28 including recommended doses, contraindications, and
29 adverse reactions.

30 (g) Before a physician assistant may prescribe drugs, the
31 physician assistant must have been continuously employed as a
32 physician assistant for not less than one (1) year after graduating
33 from a physician assistant program approved by the committee. To
34 be considered to have been continuously employed as a physician
35 assistant for a year for purposes of this subsection, a person must
36 have worked as a physician assistant more than one thousand eight
37 hundred (1,800) hours during the year.

38 SECTION 26. IC 25-27.5-5-5 IS AMENDED TO READ AS
39 FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 5. A physician assistant
40 ~~certified licensed~~ under IC 25-27.5 shall:

41 (1) keep the physician assistant's ~~certificate~~ license available for
42 inspection at the primary place of business; and

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(2) when engaged in the physician assistant's professional activities, wear a name tag identifying the individual as a physician assistant.

SECTION 27. IC 25-27.5-5-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 6. (a) Except as provided in section 4(d) of this chapter, a supervising physician may delegate authority to a physician assistant to prescribe:**

(1) legend drugs, except as provided in section 4(c) of this chapter; and

(2) medical devices (except ophthalmic devices, including glasses, contact lenses, and low vision devices).

(b) Any prescribing authority delegated to a physician assistant must be expressly delegated in writing by the physician assistant's supervising physician, including:

(1) the name of the drug or drug classification being delegated by the supervising physician; and

(2) the protocols the physician assistant shall use when prescribing the drug.

(c) A physician assistant who is delegated the authority to prescribe legend drugs or medical devices must do the following:

(1) Enter the following on each prescription form that the physician assistant uses to prescribe a legend drug or medical device:

(A) The signature of the physician assistant.

(B) The initials indicating the credentials awarded to the physician assistant by the NCCPA.

(C) The physician assistant's state license number.

(2) Comply with all applicable state and federal laws concerning prescriptions for legend drugs and medical devices.

(d) A supervising physician may delegate to a physician assistant the authority to prescribe only legend drugs and medical devices that are within the scope of practice of the licensed supervising physician or the physician designee.

(e) A physician assistant who is delegated the authority to prescribe controlled substances under subsection (a), and in accordance with the limitations specified in section 4(c) of this chapter, must do the following:

(1) Obtain an Indiana controlled substance registration and a federal Drug Enforcement Administration registration.

(2) Enter the following on each prescription form that the

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physician assistant uses to prescribe a controlled substance:

(A) The signature of the physician assistant.

(B) The initials indicating the credentials awarded to the physician assistant by the NCCPA.

(C) The physician assistant's state license number.

(D) The physician assistant's federal Drug Enforcement Administration (DEA) number.

(3) Comply with all applicable state and federal laws concerning prescriptions for controlled substances.

(f) A supervising physician may only delegate to a physician assistant the authority to prescribe controlled substances:

(1) that may be prescribed within the scope of practice of the licensed supervising physician or the physician designee;

(2) in an amount that does not exceed:

(A) a seven (7) day supply for treatment of a single acute episode of a condition or injury; or

(B) if a controlled substance cannot be dispensed in an amount that is small enough to meet the requirement of clause (A), the smallest dispensable amount; and

(3) in accordance with the limitations set forth in section 4(c) of this chapter.

SECTION 28. IC 25-27.5-7-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 1. An individual may not:

(1) profess to be a physician assistant;

(2) use the title "physician assistant", including the use of the title by a physician who is not licensed under IC 25-22.5; or

(3) use the initials "P.A." or any other words, letters, abbreviations, or insignia indicating or implying that the individual is a physician assistant certified under this article;

unless the individual is ~~certified~~ **licensed** under this article. However, use of the initials "PA" by a public accountant who is authorized to use the initials "PA" by IC 25-2.1-12-6 is not a violation of this section.

SECTION 29. [EFFECTIVE JULY 1, 2007] (a) **The definitions in IC 25-27.5, as amended by this act, apply to this SECTION.**

(b) **A physician assistant who has a certificate issued under IC 25-27.5, before amendment by this act, on June 30, 2007, is considered to be licensed under IC 25-27.5, as amended by this act, until the expiration of the certificate.**

(c) **After June 30, 2007, any reference in a rule to a certificate issued by the committee shall be treated as a reference to a license issued by the committee.**

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1 **(d) This SECTION expires July 1, 2012.**
2 SECTION 30. [EFFECTIVE UPON PASSAGE] **(a) The medical**
3 **licensing board shall, not later than September 1, 2007, define the**
4 **following terms:**
5 **(1) General anesthesia.**
6 **(2) Regional anesthesia.**
7 **(3) Moderate sedation.**
8 **(4) Deep sedation.**
9 **(b) A physician assistant may not perform moderate sedation in**
10 **the manner allowed under IC 25-27.5-5-4(f) until the medical**
11 **licensing board has defined the required terms under subsection**
12 **(a).**
13 **(c) This SECTION expires December 31, 2007.**
14 SECTION 31. [EFFECTIVE UPON PASSAGE] **(a) A physician**
15 **assistant may act under the physician assistant's current**
16 **supervisory agreement, without prescription authority, until the**
17 **board:**
18 **(1) reviews a new or amended supervisory agreement for the**
19 **physician assistant if the physician assistant submits a new or**
20 **amended agreement; and**
21 **(2) adopts rules necessary to implement this act.**
22 **(b) This SECTION expires December 31, 2008.**
23 SECTION 32. **An emergency is declared for this act.**

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1241, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 4, line 19, delete "licensure;" and insert "**certification;**".

Page 8, between lines 40 and 41, begin a new paragraph and insert:

"SECTION 12. IC 25-27.5-2-14 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 14. **(a)** "Supervision" means that the supervising physician or the physician designee accepting responsibility for the physician assistant ~~must be~~ **meets either of the following conditions at all times that services are rendered or tasks are performed by the physician assistant:**

(1) The supervising physician or the physician designee is physically present ~~or~~ at the location at which services are rendered or tasks are performed by the physician assistant.

(2) The supervising physician or the physician designee:

(A) is immediately available for consultation; ~~at all times that services are rendered or tasks are performed by the physician assistant; and~~

(B) is not more than:

(i) thirty (30) miles from the onsite location;

(ii) sixty (60) miles from the location of the rural health clinic (as defined in 42 U.S.C. 1396d(l)(1); or

(iii) a specific distance (as requested by the supervising physician and physician assistant and approved by the board) from the onsite location;

at which services are rendered or tasks are performed by the physician assistant.

(b) The term includes the use of protocols, guidelines, and standing orders developed or approved by the supervising physician."

Page 13, between lines 32 and 33, begin a new paragraph and insert:

"(e) A physician assistant may not prescribe drugs unless the physician assistant has successfully completed at least thirty (30) contact hours in pharmacology from an educational program that is approved by the committee.

(f) A physician assistant may not prescribe, administer, or monitor general anesthesia, regional anesthesia, or deep sedation/analgesia. A physician assistant may not administer moderate sedation/analgesia during diagnostic tests, surgical procedures, or obstetric procedures unless the following conditions are met:

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(1) A physician is physically present in the area, is immediately available to assist in the management of the patient, and is qualified to rescue patients from deep sedation/analgesia.

(2) The physician assistant is qualified to rescue patients from deep sedation/analgesia and is competent to manage a compromised airway and provide adequate oxygenation and ventilation by reason of meeting the following conditions:

(A) The physician assistant is certified in advanced cardiopulmonary life support.

(B) The physician assistant has knowledge of and training in the medications used in moderate sedation/analgesia, including recommended doses, contraindications, and adverse reactions.

(g) Before a physician assistant may prescribe drugs, the physician assistant must have been continuously employed as a physician assistant for not less than one (1) year after graduating from a physician assistant program approved by the committee. To be considered to have been continuously employed as a physician assistant for a year for purposes of this subsection, a person must have worked as a physician assistant more than one thousand eight hundred (1,800) hours during the year."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1241 as introduced.)

BROWN C, Chair

Committee Vote: yeas 11, nays 1.

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COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1241, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 8, between lines 5 and 6, begin a new paragraph and insert:

"SECTION 6. IC 25-22.5-8-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: **Sec. 6. The board may discipline a**

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physician who knowingly or intentionally fails to comply with the requirements of IC 25-27.5-5-2."

Page 9, line 12, delete "not more than:" and insert "either:

- (i) in the county of, or a contiguous county to, the onsite location in which services are rendered or tasks are performed by the physician assistant; or
- (ii) the physician or physician assistant is practicing at a hospital or health facility, or traveling to or from the hospital or health facility."

Page 9, delete lines 13 through 20.

Page 10, line 1, after "committee," insert **"and upon the advice and consent of the executive director of the Indiana professional licensing agency,"**.

Page 10, line 7, delete "A" and insert **"An affirmative vote of a majority of the members appointed to the committee"**.

Page 10, line 8, delete "quorum".

Page 12, line 22, after "committee" insert **"or the committee's designee"**.

Page 12, line 23, after "extend" insert **"the term of"**.

Page 12, line 23, delete "at the discretion of and on the" and insert **"if the committee or the committee's designee determines that there is good cause for the extension."**

Page 12, delete lines 24 through 25.

Page 12, line 31, delete "and returns the individual's wallet license and wall license".

Page 12, line 32, delete "issued under this article to the committee".

Page 12, line 33, after "status." insert **"The renewal fee for an inactive license is one-half (1/2) of the renewal fee to maintain an active license. If a physician assistant with an inactive license determines to activate the license, the physician assistant shall pay the renewal fee less any the amount paid for the inactive license."**

Page 13, between lines 17 and 18, begin a new paragraph and insert:
"SECTION 22. IC 25-27.5-4-9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 9. (a) An individual who:

- (1) is licensed under this chapter; and**
- (2) does not practice as a physician assistant under a supervising physician;**

shall notify the committee in writing that the individual does not have a supervising physician.

(b) If an individual who is certified under this chapter does not practice as a physician assistant under a supervising physician, the

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board shall place the individual's certificate on inactive status.

(c) An individual may reinstate a certificate that is placed on inactive status under this section if the individual:

- (1) submits a written application to the committee requesting that the certificate be placed on active status; and
- (2) provides information as required by the committee concerning the physician who will be supervising the individual."

Page 13, line 23, delete "assistant of" and insert "assistant, including".

Page 13, line 29, after "2." insert "(a)".

Page 13, line 29, after "2." insert "(a)".

Page 13, between lines 36 and 37, begin a new paragraph and insert:

"(b) If a physician assistant determines that a patient needs to be examined by a physician, the physician assistant shall immediately notify the supervising physician or physician designee.

(c) If a physician assistant notifies the supervising physician that the physician should examine a patient, the supervising physician shall:

- (1) schedule an examination of the patient in a timely manner unless the patient declines; or
- (2) arrange for another physician to examine the patient.

(d) If a patient is subsequently examined by the supervising physician or another physician because of circumstances described in subsection (b) or (c), the patient may not be charged for more than one (1) visit.

(e) A supervising physician or physician assistant who does not comply with subsections (b) through (d) is subject to discipline by the medical licensing board under IC 25-22.5-8-6.

(f) A physician assistant's supervisory agreement with a supervising physician must:

- (1) be in writing;
- (2) include all the tasks delegated to the physician assistant by the supervising physician;
- (3) set forth the supervisory plans for the physician assistant, including the emergency procedures that the physician assistant must follow; and
- (4) specify the name of the drug or drug classification being delegated to the physician assistant and the protocol the physician assistant shall follow in prescribing a drug.

(g) The physician shall submit the supervisory agreement to the board for approval. The physician assistant may not prescribe a

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drug under the supervisory agreement until the board approves the supervisory agreement. Any amendment to the supervisory agreement must be resubmitted to the board for approval, and the physician assistant may not operate under any new prescriptive authority under the amended supervisory agreement until the agreement has been approved by the board.

(h) A physician or a physician assistant who violates the supervisory agreement described in this section may be disciplined by the board."

Page 14, line 7, after "physician." insert "A physician assistant may not prescribe or dispense the following drugs:

- (1) A schedule I substance listed in IC 35-48-2-4.
- (2) A schedule II substance listed in IC 35-48-2-6.
- (3) A schedule III, schedule IV, or schedule V drug if the drug contains oxycodone.

However, a physician assistant may prescribe a four (4) hour prescription of a drug listed in subdivisions (1) through (3) if the patient is in an inpatient hospital setting and the physician is unavailable to make the prescription."

Page 14, line 21, delete "sedation/analgesia." and insert "sedation as defined by the board."

Page 14, line 22, delete "sedation/analgesia" and insert "sedation:

(1) if the moderate sedation contains agents in which the manufacturer's general warning advises that the drug should be administered and monitored by an individual who is:

- (A) experienced in the use of general anesthesia; and
 - (B) not conducting the surgical or diagnostic procedure;
- and

(2)".

Page 14, line 25, delete "(1)", begin a new line double block indented and insert:

"(A)".

Page 14, line 28, delete "sedation/analgesia." and insert "sedation."

Page 14, line 29, delete "(2)", begin a new line double block indented and insert:

"(B)".

Page 14, line 30, delete "sedation/analgesia" and insert "sedation".

Page 14, line 33, delete "(A)", begin a new line triple block indented and insert:

"(i)".

Page 14, line 35, delete "(B)", begin a new line triple block indented and insert:

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"(ii)".

Page 14, line 36, delete "sedation/analgesia," and insert "**sedation**,".

Page 15, line 24, delete "." and insert "**, including:**

- (1) the name of the drug or drug classification being delegated by the supervising physician; and**
- (2) the protocols the physician assistant shall use when prescribing the drug."**

Page 15, line 42, after "(a)" insert "**, and in accordance with the limitations specified in section 4(c) of this chapter,**".

Page 16, line 15, delete "that" and insert "**that:**

(1)".

Page 16, line 17, delete "designee." and insert "**designee;**

(2) is in an amount not to exceed:

(A) a seven (7) day prescription of the drug; or

(B) if the drug cannot be dispensed in as small of an amount as the amount described in clause (A), the smallest dispensable amount; and

(3) is in accordance with the limitations set forth in section 4(c) of this chapter."

Page 16, after line 39, begin a new paragraph and insert:

"SECTION 30. [EFFECTIVE UPON PASSAGE] **(a) The medical licensing board shall, not later than September 1, 2007, define the following terms:**

(1) General anesthesia.

(2) Regional anesthesia.

(3) Moderate sedation.

(4) Deep sedation.

(b) A physician assistant may not perform moderate sedation in the manner allowed under IC 25-27.5-5-4(f) until the medical licensing board has defined the required terms under subsection (a).

(c) This SECTION expires December 31, 2007.

SECTION 31. An emergency is declared for this act."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1241 as printed February 14, 2007.)

MILLER, Chairperson

Committee Vote: Yeas 8, Nays 0.

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SENATE MOTION

Madam President: I move that Engrossed House Bill 1241 be amended to read as follows:

Page 8, delete lines 6 through 10.

Page 13, line 21, delete "and return the individual's wallet license and wall license".

Page 13, line 22, delete "to the committee".

Page 13, line 34, delete "certified" and insert "**licensed**".

Page 13, line 36, delete "certificate" and insert "**license**".

Page 13, line 37, delete "certificate" and insert "**license**".

Page 13, line 40, delete "certificate" and insert "**license**".

Page 14, line 32, delete "patient may not be charged for more" and insert "**visit must be considered as part of the same encounter except for in the instance of a medically appropriate referral.**".

Page 14, delete line 33.

Page 14, line 36, delete "IC 25-22.5-8-6." and insert "**IC 25-1-9.**".

Page 15, line 16, delete "by the board." and insert **under IC 25-1-9.**".

Page 15, line 35, delete "a four (4) hour" and insert "**one (1) dose**".

Page 15, line 36, delete "prescription".

Page 15, line 36, delete "subdivisions (1) through" and insert "**subdivision (2) or**".

Page 15, line 36, after "(3)" insert "**for immediate administration**".

Page 15, line 37, after "hospital" insert "**post-operative**".

Page 16, line 16, delete "conducting" and insert "**involved in the conduct of**".

Page 18, delete lines 15 through 25, begin a new paragraph and insert:

"(f) A supervising physician may only delegate to a physician assistant the authority to prescribe controlled substances:

(1) that may be prescribed within the scope of practice of the licensed supervising physician or the physician designee;

(2) in an amount that does not exceed:

(A) a seven (7) day supply for treatment of a single acute episode of a condition or injury; or

(B) if a controlled substance cannot be dispensed in an amount that is small enough to meet the requirement of clause (A), the smallest dispensable amount; and

(3) in accordance with the limitations set forth in section 4(c) of this chapter."

Page 19, between lines 17 and 18, begin a new paragraph and insert:

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"SECTION 32. [EFFECTIVE UPON PASSAGE] (a) A physician assistant may act under the physician assistant's current supervisory agreement, without prescription authority, until the board:

(1) reviews a new or amended supervisory agreement for the physician assistant if the physician assistant submits a new or amended agreement; and

(2) adopts rules necessary to implement this act.

(b) This SECTION expires December 31, 2008."

Renumber all SECTIONS consecutively.

(Reference is to EHB 1241 as printed March 30, 2007.)

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